

PATENT APPLICATION

SUBSTITUTE DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 183209.05MS DOCKET NO. 183209.05

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND SYSTEM FOR DISTRIBUTING ART

the specification of which is filed herewith unless the following box is checked:

- (X) was filed on October 22, 2003 as US Application Serial No. or PCT International Application Number 10/691,723 and was amended on _____ (if applicable);

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
			YES: <input type="checkbox"/> NO: <input type="checkbox"/>
			YES: <input type="checkbox"/> NO: <input type="checkbox"/>

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with

41505

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to:

Contact Name: Steven J. Kocci
Firm Name: Woodcock Washburn, LLP
Firm Address: One Liberty Place, 46th Floor
City, State and Zip: Philadelphia, PA 19103

Direct Telephone Calls To:

Contact Name: Thomas E. Watson
Contact Phone Number: 206-332-1380

SUBSTITUTE DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. MSFT-2824

MS DOCKET NO. 183209.05

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: David Muoio

Citizenship: United States of America

Residence: Issaquah, Washington

**Post Office Address: 615 S.W. Mt. Cedar Drive
Issaquah, Washington 98027**

Inventor's Signature

Date

Full Name of Inventor: James P. Cook

Citizenship: United States of America

Residence: Seattle, Washington

**Post Office Address: 1629 38th Avenue
Seattle, Washington 98122**



Inventor's Signature

12-9-2004
Date

Full Name of Inventor: Richard Hasha

Citizenship: United States of America

Residence: Seattle, Washington

**Post Office Address: 210 Doylston Avenue E.; #106
Seattle, Washington 98102**

Inventor's Signature

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Inventor's Signature

12-14-2004

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Citizenship: **United States of America**

Residence: Seattle, Washington

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Seattle, Washington 98122

Inventor's Signature

Date

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Residence: Seattle, Washington

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AUG 18 2005

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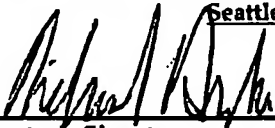
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